



**CASE WESTERN RESERVE
UNIVERSITY**
**Frances Payne Bolton
School of Nursing**

This document serves as an agreement between Case Western Reserve University (CWRU) DNP Program, Dr. _____ (preceptor) and _____ (student) for a practicum experience (course NUND 611) for _____ (sem. & year). Completion of NUND 611 is a requirement of the Doctor in Nursing Practice (DNP) degree at the Frances Payne Bolton School of Nursing, CWRU. The preceptor's facility has agreed to host this practicum. The student may not do practicum as part of their regular job responsibilities.

The appropriate facility contact is: _____

(please provide name of senior leader/administrator, credentials, title, phone, and email).

The preceptor agrees to assist the student in refining the student's practicum plan and in overseeing and assisting in the evaluation of the achievement of the following objectives (behavior outcomes in SMART format (Smart, Measurable, Attainable, Realistic, Time bound):

1. _____
2. _____
3. _____
4. _____
5. _____

Prior to beginning the preceptor will review and approve the student's Practicum Plan. At the end of the semester, the student will complete the Practicum Final Report with an evaluation of each objective and a log of practicum hours. He/she will submit this form to the preceptor (and then advisor) for verification and signature, which will indicate that the above objectives have been met.

The student's proposed practicum dates are: _____. The student proposes to complete _____ hours of practicum at this facility. The student () is / () is not (select one) employed by this facility. If employed, the student's title is _____.

Dr. _____ (preceptor) agrees to carry adequate professional liability insurance appropriate to her/his employment situation. Each student will carry personal and professional liability insurance appropriate to participation in the practicum objectives and will provide evidence of compliance with regulatory requirements of any professional engaged in the activities noted in the practicum plan.

By signing this document, the preceptor and student acknowledge the terms of the Practicum and related responsibilities. The Program Director's signature indicates approval of the practicum in meeting the degree requirements. The signed document should be submitted to the Department Assistant, dnpsst@case.edu

Preceptor signature: _____ Date: _____

Student signature: _____ Date: _____

Program Director signature _____ Date: _____

Required: Attach Preceptor CV and license (if applicable) to this document.